

## ICAP Updates

**A Little History:** In mid-2006 DIDS became concerned about the trends that were occurring with the completion of ICAPs. ICAP scores were going down (increasing rates) at an alarming rate. We sent out an inquiry to other states that use the ICAP asking what methods they were using to assure that consistent, fair ICAPs were being administered state wide. The two things we heard the most were that states felt that they needed third party, independent assessors and an assessment that was kept true to the "intent" of the developers of the assessment. As a result of these findings DIDS went back and talked with the developers of the ICAP and found that there were several things that needed to be changed in the way in which the ICAP was being completed. Following are some of the changes that have been made.

**First,** the behavior section of the ICAP was intended to address only those behaviors that have occurred during the 90-days prior to the actual assessment. If the person has cyclical behaviors (only occurs in the spring or is bi-polar and has not cycled in past 90 days) or exhibits behaviors that "might" cause harm to themselves or someone else, that behavior does not get scored. We can't score a behavior that hasn't happened yet. If the agency, DSP and BA have done a wonderful job of supporting a person with challenging behavior and there have been no incidents within the past 90-days then no behaviors can be scored on the ICAP. That is where the service would be justified within the body of the ISP.

**Second,** most behaviors are sequential in nature or occur in a series, e.g., when I tantrum I might swear, yell, throw an object and hit you. I have just exhibited behaviors in 4 of the 8 ICAP behavior categories (socially offensive, disruptive, destructive to property and hurtful to others, respectively). We would, according to the instructions of the developers of the ICAP, only score the most serious of these sequential behaviors (as defined by the person being interviewed) - probably the hitting behavior.

The information on behavior comes in story form from the interview. The assessor will ask the DSP/family member/conservator to share information about what a behavior "looks like" and will use standardized "prompts" to dig out additional information on behaviors. We have found that this works best in getting a true picture of what a behavior is really like from the person who sees it the most. This is also the method recommended by the developers of the ICAP.

**Third,** we have applied strict definitions of the behavioral seriousness ratings that differ from those previously used. Only the most severe, life threatening behaviors will receive the highest rankings in these categories. Potential consequences of the behavior will not be ranked at all because we simply cannot rank a behavior that has not yet occurred. A score of "Serious" or "Very Serious" in Maladaptive General or a score of "Very Serious" in Maladaptive External will net an automatic DIDS LON 4 at any ICAP service level. Please note that when these definitions tightened up and the scoring of behaviors only included those behaviors which have occurred within the past 90-days we also saw a precipitous drop in the number of people who got the "automatic bump" to DIDS LON 4. If the agency feels that there needs to be additional documentation of the person's behavior copies of Reportable Incident Forms, behavior data, etc. can be provided to the Ascend Management assessors to be included in the ICAP summary as additional historical information, if not in the behavior section itself.

**Fourth,** we have added a "historical" or "high risk" behavior to indicate people who have a history of very serious, low frequency, at risk behaviors defined as: arson, pedophilia, serious sexual or physical assault. Service Recipients can receive a score of 1 (no history of high risk behaviors), to 5 (currently on probation for high risk behaviors). This "high risk" indicator will help us identify folks who are very high functioning, but also pose a potentially significant risk to themselves, their staff or the community.

**Fifth**, we changed the way in which the **Health** section is scored. The intent of the developers of the assessment is that this section only addresses the degree to which a chronic physical health issue involving body (organ) systems restricts or limits a persons daily activities (renal failure, congestive heart failure, etc.). Daily activities do not include recreational, social and leisure activities. This does not include anything neurological or orthopedic (CP, seizures, etc.) because those conditions would cause deficits that would be captured in the adaptive skills section.

The **Health** question is also exclusive of the person's developmental disability, in other words, if the person was not able to complete a task because of his developmental disability then it would not count in this area. This is one area on the ICAP where DIDS decided to give folks an artificial "bump" if the score was "many or significant limitations in daily living activities". Consequently, when we eliminated neurological and orthopedic conditions from this category many of the folks we support automatically dropped by 1 LON.

**Processes:** When collecting information to complete an ICAP we typically interview at least one DSP who has had daily, ongoing contact with the person for at least 3 months. If the person has both day and residential services we prefer to interview one DSP from each service. The other interview might also be the agency nurse or a mid-management person who knows the person well. We also have a mandate to allow family/conservators to have meaningful participation in the process. Family/conservator interviews can take place by phone.

The "paper" documents we collect from the agency are the Cost Plan (contains consistent information on the person's DOB, SS#, IQ, class member status, current provider information, etc.) and the Health Passport (information about contacts, personal data, diagnoses and medications). The ICAP assessor will also gather data on behaviors if the agency wishes to prepare such information in advance.

Ascend Management provides intensive, ongoing training for its assessors. After the original classroom training weekly conference calls are required for each assessor. During these calls Ascend Management staff field questions, resolve problems and provide additional training for assessors. The goal of all of this training is to assure that consistent ICAPs are administered across the state.

While there are very stringent methods for administering the ICAP that certainly does not mean that errors will never be made or that ICAP assessors will never make mistakes. If you have concerns about the ICAP score you can contact the QA people at Ascend Management at 615-312-1465 or toll free at 877-431-1388 and ask for either Barbara Mason or Wendy Johnson. They can also be emailed at [bmason@ascendami.com](mailto:bmason@ascendami.com) or [wjohnson@ascendami.com](mailto:wjohnson@ascendami.com). They will listen to and verify your concerns (they may ask that you forward documentation). If appropriate they will make adjustments to the ICAP and/or the ICAP score. If you continue to be dissatisfied with the results of the ICAP please contact me and/or submit a request to readminister the assessment. Please know that I review every request in detail, but approve very few. If you have concerns about the process (assessor was late or didn't show up to interviews scheduled, assessor was rude or unprofessional or any other administrative problems) you should contact Ascend Management immediately so that they can take a look at the problem and fix it before the problem becomes more systemic.

The other thing to keep in mind is that the ICAP is only one of the methods of determining rates for a person. If the COS determines that the person needs a support greater than that indicated by the ICAP score they can certainly provide justification within the body of the ISP and submit the request through the appropriate regional office. All of our plans reviewers are skilled at

making this type of determination. It has always been an expectation that the person's support needs are specifically outlined and justified in the plan of care (ISP). Additionally, the person supported, their family/conservator or their ISC is able to appeal any reasonable request that was denied by the regional office. There are systems in place to protect both the people we support and the agencies that provide their services.

**Decoding the ICAP scores:** I thought some of the following information might be helpful to you when you attempt to analyze ICAP scores for people your agencies support.

ICAP Service Score 1-19 = Service Level 1  
ICAP Service Score 20-29 = Service Level 2  
ICAP Service Score 30-39 = Service Level 3  
ICAP Service Score 40-49 = Service Level 4  
ICAP Service Score 50-59 = Service Level 5  
ICAP Service Score 60-69 = Service Level 6  
ICAP Service Score 70-79 = Service Level 7  
ICAP Service Score 80-89 = Service Level 8  
ICAP Service Score 90-99 = Service Level 9

ICAP Service Level 7, 8, 9 = DIDS LON 1  
ICAP Service Level 4, 5, 6 = DIDS LON 2  
ICAP Service Level 3 = DIDS LON 3  
ICAP Service Level 1, 2 = DIDS LON 4

High Risk behaviors include, but are not limited to: arson, pedophilia, serious sexual or physical assault.

The scoring for this item is as follows:

1. No history of high-risk behaviors or convictions.
2. Past conviction for behaviors not listed in the definition above.
3. Past serious accusations or documentation of high-risk behavior without conviction history (e.g., diverted from justice system).
4. Past history of conviction and or probation for listed high-risk behaviors.
5. Currently on probation for high-risk behavior.
6. Currently incarcerated for high risk behavior.

**Examples of service justification: 1)** Mr. Smith has an ICAP Service Level of 4 and a DIDS LON of 2, but he needs awake staff because he has sleep apnea and is required to use a C-PAP machine at night. Mr. Smith is non-compliant with using the C-PAP machine and needs awake staff to check on him throughout the night to assure that he is appropriately using the machine. **2)** Ms. Jones has an ICAP Service Score of 30 (Service Level of 3 corresponding to a DIDS LON 3), but needs two (2) staff for all transfers. First, her Service Score is only one (1) point off of a Service Level 2 with a corresponding DIDS LON 4. And, secondly, she has a support need that justifies the need for a higher level of need than indicated on her ICAP. **3)** Mr. Martin has a current ICAP Service Score of 74 (Service Level of 7 which corresponds to a DIDS LON 1), but has a **High Risk** indicator of "3" because he has been arrested in the past for physically assaulting people in the community. Obviously, Mr. Martin is a very capable man; however, the High Risk Indicator is a red flag that he may need supports over and above those indicated by his ICAP score.

Perhaps this is also the appropriate place to add that the ICAP can only indicate support needs **up to a LON 4**. Any supports above that level would be determined by doctor's order (LON 5) or on an individual basis (LON 6). When you participate in the ISP process it is up to each provider of services to justify the level of need for the person in **real terms** not by just

reiterating the definition of the service. For instance, if a person needs two staff during all personal hygiene times because he is tactile defensive, please say that rather than, "...requires extremely close, continuous supervision and requiring 2 staff with them at least during some times each day and including awake overnight staff so that he is not a danger to himself..." The people who review support plans already know the definition of services – tell them what the specific support need is instead!

One final note. We at DIDS continue to look at the ICAP to assure that it will be applied consistently and fairly across the state and for all people supported. We have requested that cost plans not be changed solely on the basis of a new, lowered ICAP score. If you have experienced a lowering of any rates because of an ICAP score please feel free to send me the details and I will try to remedy the situation for you.

I hope that some of this has been helpful to you in resolving your concerns.

## LEVEL OF NEED EXCEPTION REQUEST

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current DMRS Rate Level: \_\_\_\_\_

Request DMRS Rate Level: \_\_\_\_\_

Date of Last ICAP: \_\_\_\_\_

This form should be completed if the Service Recipient, Conservator/family member, COS, Planning Team, or ISC are requesting a rate higher than that indicated by the **most current** ICAP score. The COS/Planning Team should use this form to assist in developing an inclusive plan of care (ISP) as well as to request a level of support for a Service Recipient that is greater than that indicated by the ICAP LON Score. This form replaces the need for a letter of justification.

### Directions for completion:

- Demographic information must be completed in full.
- All questions in an area of concern must be answered in full. Required supporting documentation must be attached.
- Complete only those areas pertinent to the individual. If an area does not apply then it may be left blank.
- Required supporting documentation must be attached before an exception can be considered.
- This form and the required supporting documentation should be attached to the ISP prior to submission to the Regional Office.
- All information provided in this form should also be included into the body of the ISP.
- This form must indicate the person completing and their relationship to the Service Recipient.



## LEVEL OF NEED EXCEPTION REQUEST

Name: \_\_\_\_\_

### Mobility

Yes

No

☐☐

Uses assistive technology or adaptive equipment for mobility

☐☐

Needs assistive technology or adaptive equipment for mobility

☐☐

Requires staff support for mobility or to utilize technology

If yes, staff support is required at what frequency?

☐ Occasionally ☐ Hourly ☐ All awake hours ☐ 24 hours

Describe support delivered by staff:

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- For any falls related to mobility attach incident report summary for last 12 months.

### Transfers

Yes

No

☐☐

Uses assistive technology or adaptive equipment for transfers

☐☐

Needs assistive technology or adaptive equipment for transfers

☐☐

Requires staff support for transfers or to utilize technology

If yes, staff support is required at what frequency?

☐ Occasionally ☐ Hourly ☐ All awake hours ☐ 24 hours

Describe support delivered by staff:

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- Attach related transfer or positioning plans.

### Vision, Hearing or Communication

Yes

No

☐☐

Uses assistive technology or adaptive equipment for vision, hearing or communication

☐☐

Needs assistive technology or adaptive equipment for vision, hearing or communication

☐☐

Requires staff support to utilize technology

If yes, staff support is required at what frequency?

☐ Occasionally ☐ Hourly ☐ All awake hours ☐ 24 hours

Describe support delivered by staff:

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## LEVEL OF NEED EXCEPTION REQUEST

Name: \_\_\_\_\_

### Safety

Has the person experienced any of the following in the past 12 months?  
Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Injury requiring medical treatment | <input type="checkbox"/> Emergency restraint        |
| <input type="checkbox"/> Emergency hospitalization          | <input type="checkbox"/> Injury due to restraint    |
| <input type="checkbox"/> Elopement over 15 minutes          | <input type="checkbox"/> Suicide attempt            |
| <input type="checkbox"/> Substantiated abuse or neglect     | <input type="checkbox"/> Fire with injury           |
| <input type="checkbox"/> Police arrest                      | <input type="checkbox"/> Mobile crisis intervention |
| <input type="checkbox"/> Other: (please describe): _____    |   |

Describe support delivered by staff:

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- Attach RIF Summary

### Health Status

What is the needed level of support typically required due to health status? Check only one.

- ☐ No additional support needed
- ☐ Only requires monitoring
- ☐ Verbal prompting typically required
- ☐ One person hands on support needed to support person
- ☐ More than one person needed to support person

What is the frequency of support needed due to health status? Check only one.

- ☐ Less than monthly or episodic due to condition
- ☐ One to three times monthly
- ☐ Once a week
- ☐ Several times a week
- ☐ Once a day or more
- ☐ Continuous support required throughout the day
- ☐ Requires line of sight supervision at all times

Is a specialist seen for this condition?

- ☐ Yes
- ☐ No

Frequency of visits?

- ☐ Quarterly
- ☐ Monthly
- ☐ More than monthly

Current PSR score: \_\_\_\_\_ Date of score: \_\_\_\_\_

Describe support delivered by staff:

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- Attach any health maintenance plans implemented



## LEVEL OF NEED EXCEPTION REQUEST

Name: \_\_\_\_\_

### Psychiatric or Mental Health Issues

What is the needed level of support typically required due to psychiatric or mental health issues?

Check only one.

- ☐ No support needed or behavior can be ignored
- ☐ Only requires monitoring
- ☐ Verbal prompting typically required
- ☐ One person hands on support needed to redirect or manage person
- ☐ More than one person needed to redirect or manage

What is the frequency of support needed due to psychiatric or mental health issues?

Check only one.

- ☐ Less than monthly, episodic or seasonal
- ☐ One to three times monthly
- ☐ Once a week
- ☐ Several times a week
- ☐ Once a day or more
- ☐ Continuous support required throughout the day
- ☐ Requires line of sight supervision at all times

What is the current status for this condition? Check only one.

- ☐ Well controlled or stable (includes controlled by medications or other means)
- ☐ Condition is episodic or seasonal
- ☐ Condition is uncontrolled or person is currently in crisis

Is a psychiatrist seen for this condition?

- ☐ Yes
- ☐ No

What is the frequency of visits?

- ☐ Quarterly
- ☐ Monthly
- ☐ More than monthly

Describe support delivered by staff:

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### Behavior

What is the needed level of support typically required due to behavioral issues?

Check only one.

- ☐ No support needed or behavior can be ignored
- ☐ Only requires monitoring to redirect or manage behavior
- ☐ Verbal prompting required to redirect or manage behavior
- ☐ One person hands on support needed to redirect or manage behavior
- ☐ More than one person needed to redirect or manage behavior
- ☐ Two people needed at all times to redirect or manage behavior

What is the frequency of support needed due to behaviors? Check only one.

- ☐ Less than monthly, episodic or seasonal





## LEVEL OF NEED EXCEPTION REQUEST

Name: \_\_\_\_\_

- ☐ One to three times monthly
- ☐ Once a week
- ☐ Several times a week
- ☐ Once a day or more
- ☐ Continuous support required throughout the day/evening
- ☐ Requires line of sight supervision at all times

Describe support delivered by staff

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- Attach 3 months of Monthly Reviews of BSP as completed by the Behavior Analyst
- If no BA supports this person attach a summary of incident reports (reportable and non-reportable) related to behavior issues **and** notes from the person's High Risk Review meetings
- If additional staff is required due to "high risk/low frequency" behaviors attach a brief history of the behaviors and explain why additional staff is needed to support this risk

### Psychiatric Hospital Admissions

Have there been any psychiatric hospital admission(s) within prior 12 months?

- ☐ No
- ☐ Yes, if so length of stay: \_\_\_\_\_

Have there been any behavioral respite admission(s) within prior 12 months?

- ☐ No
- ☐ Yes, if so length of stay: \_\_\_\_\_

### Sleep

During overnight/sleep hours, what level of support is required? Check only one.

- ☐ No additional support needed
- ☐ Requires staff who can be asleep
- ☐ Requires awake staff throughout the night
- ☐ Requires awake staff that must remain in line of sight or arm's length throughout the night

Describe support delivered by staff

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- If an awake staff is required attach a minimum of 90 days of hourly sleep documentation.

\_\_\_\_\_  
Person Completing Form

\_\_\_\_\_  
Relationship to Service Recipient

\_\_\_\_\_  
Date Completed